Attachment 4.35-H (HSQB) Revision: HCFA-PM-95-4

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	VERMONT
ELIGIB	ILITY CONDITIONS AND REQUIREMENTS
Enforcement	of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

N/A

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TN No. 95-11		12/		7.	/1/95
Supersedes	Approval I	Date: ////	175	Effective Date: //	1/ //
TN No. None	 -		7		